

This record is a partial extract of the original cable. The full text of the original cable is not available.

UNCLAS SECTION 01 OF 02 TAIPEI 000478

SIPDIS

FOR EAP/RSP/TC, STATE PASS AIT/W AND USTR, USTR FOR KI,  
COMMERCE FOR MBMORGAN, JDUTTON

E.O. 12958: N/A

TAGS: [ECON](#) [ETRD](#) [TW](#) [ESTH](#)

SUBJECT: TRAGIC DEATH WON'T LEAD TO HEALTH CARE REFORMS

1. Summary: The tragic death of a four year-old abuse victim, refused treatment in Taipei and instead transferred more than two hours away to a hospital in Taichung, has raised calls for reforms to the Taiwan health care system. The Department of Health disputes accusations that the victim's lack of medical insurance led the staff of Jen-Ai Hospital to seek to transfer her to another facility. DOH believes this was an isolated incident caused by physician malpractice, poor management, a flawed referral system, and inefficient emergency care. The on-duty physician at the referring hospital is expected to receive an administrative punishment and may face criminal charges of negligence, his supervisor and the president of the hospital may also be sanctioned. DOH is not seizing upon this incident as an opportunity to address concerns about patient dumping or press for needed reforms in patient care, instead choosing to focus on ways to adapt current emergency mechanisms to coordinate patient referrals. End Summary.

2. The tragic death of a four year-old child abuse victim in a Taichung hospital January 24, has led to media calls for reform of the health care system. The victim, brutally beaten in public by her alcoholic, unemployed father, was initially taken to the Jen-Ai Hospital in Taipei for emergency treatment. The on-duty resident reportedly called for a neurosurgical consultation, but the on-duty specialist refused to come in to examine the girl and, claiming a shortage of ICU/neurology beds, instructed the staff to transfer her to another hospital. Jen-Ai staff reportedly attempted to contact several Taipei area hospitals, but was told in each case there were no ICU/neurology beds available. Finally, the girl was transferred to Taichung's Tung General Hospital where she received surgery, but later slipped into a coma, was eventually declared brain dead, and removed from life support.

3. The incident prompted a round of criticism in the media, both of the callous disregard for the welfare of the victim by the hospital staff and for the failings of the Taiwan health care system. The on-call doctor initially said he had examined the victim's test results, but later admitted he never saw the patient, nor did he see her medical exam results. His story was supported by his supervisor who reportedly falsified the records to make it appear that the girl had been examined by the doctor. This initial tragedy was compounded by the failure of some local hospitals to report the availability of beds to the centralized Emergency Operations Center (EOC) as required and the failure of the Jen-Ai hospital staff to even check the computer record. Calls by Jen-Ai hospital staff to other Taipei hospitals were unsuccessful in finding an ICU/neurology bed for the victim, in spite of the fact that DOH records show that there were vacant beds.

4. The catastrophic nature of the child's injuries and the father's lack of health insurance have led commentators to bemoan the phenomenon of patient dumping -- refusing to provide service to some patients who are chronically ill or require expensive treatments and/or constantly transferring these patients out of the hospital as a cost-cutting measure. Rumors of critically ill patients being refused service and constant transfers of difficult cases have led to strong criticism of the "global budget" system adopted for all hospitals in July 2004. Under the global budget system, hospitals received a fixed amount from the Bureau of National Health regardless of their patient needs. According to critics, this forces hospitals to reduce medical services and to try to avoid expensive and complicated cases. Although egregious cases are rare after a DOH warning to hospitals in July 2004, many observers believe patient dumping continues.

5. DOH views this tragic case as an isolated problem, compounded by an inexperienced doctor's poor judgment. Rather than taking this opportunity to address public concerns about patient dumping and the trustworthiness of the health care system, DOH has chosen to focus on ways to improve accountability and communication in the hospital referral system. Hospitals are being asked to standardize their internal controls and DOH is considering how to codify current regulations that require hospitals to report hourly the status of vacant beds and create penalties to ensure compliance. DOH also plans to use the existing regional Emergency Operations Center to coordinate six regional care

systems based on current Center for Disease Control and National Health Insurance practice. Hospital transfers will be limited to within the region, barring exceptional cases. To this end, DOH plans to press for amendments to the emergency medical care act in the current legislative session.

16. In a surprising move, and after a direct appeal from the former Minister of Health Li Ming-liang, the parents of the victim agreed to donate the girl's organs. Organ donation, while legal in Taiwan, has not been encouraged by the government. DOH maintains an organ database, but for religious and cultural reasons, organ donations are not popular and there is a serious shortage of transplantable organs in Taiwan. Many patients reportedly travel to China or the US for transplants. The Tzu-Chi Foundation, a respected Buddhist charity, has been advocating organ donation and has established a bone-marrow donation center. Interestingly, about half of the donations go to patients in China. DOH has begun to consider allowing organ donors to be identified as such on their National Health Insurance Card. The decision by the parents of this little girl to donate her organs resulted in some positive publicity for organ donations, but was tempered when the mother refused to donate the girl's corneas for fear she would not be able to "see the way home."

17. Comment: The tragic death of this little girl is a missed opportunity for Taiwan's DOH. Although improvements in regional coordination of emergency care are welcome, family abuse and patient dumping are far more serious concerns. DOH and other government agencies appear to have no plans to tackle these more difficult problems. While family abuse issues will require long term education and legal changes to address, patient dumping is a direct result of the global budget system adopted by the Bureau of National Health Insurance (BNHI) at all hospitals last July. Although the fiscal crisis at BNHI makes cost control measures essential, patients suffer from reduced services -- including costly emergency services. DOH has been unable to effectively regulate patient dumping out of existence and DOH leadership does not appear to be focused on taking steps to remove the incentives to refuse service or transfer difficult cases. With the death of the victim, the need for reform quickly moved off the front pages and out of the public consciousness. Although newly chosen Premier Frank Hsieh announced February 1 that the new government would seek to cooperate with the opposition parties on health care reform, it remains to be seen whether Hsieh's direct involvement will be sufficient to energize health care reform efforts.

18. This case also became emotive grist for Taiwan's political mill. Green-affiliated media and 24-hour news channels focused on how, in two weeks, Taipei's city administration allowed two needless tragedies to occur (the previous involved two women whose hair became entangled in a subway system escalator.) This was an opportunity to tarnish Mayor Ma Ying-jeou's lustrous political image as he prepares to contest the leadership of the Kuomintang party. Mayor Ma is actively trying to recover through aggressive pursuit of the facts in the girl's death and public relations advertising. End comment.

PAAL